

EXHIBIT “A”



MEDICAL EXAMINER'S OFFICE
ONONDAGA COUNTY HEALTH DEPARTMENT
CENTER FOR FORENSIC SCIENCES

J. RYAN MCMAHON II
County Executive

INDU GUPTA, MD, MPH
Commissioner of Health

CAROLYN H. REVERCOMB, MD, DABP
Chief Medical Examiner

CONFIDENTIAL INFORMATION ENCLOSED

TO: Joanne Renaud, Senior Investigator
Onondaga County District Attorney's Office
505 South State Street, 4th Floor
Syracuse, NY 13202

RE: Valerie Hill, MEO Case M87-0208, SPD DR #87-37611

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0208 NOTIFICATION OF DEATH 463-5036

DATE 3/30/87 TIME 1²² ~~AM~~ PM INFORMANT Bruce Higgins / Syr P.D.DECEDENT Valerie Hill AGE 28 RACE W SEX FLOCATION 248 Hickok AVE Syracuse TOWN _____

TIME OF DEATH _____ AM PM PRONOUNCED BY _____

NARRATIVE ABOUT DEATH: - Homicide ?? strangulation- ligature around neck - previous problems w/ boyfriend -

ORGAN/TISSUE DONATION ? _____

PROBABLE MANNER OF DEATH ? _____ DEATH CERTIFICATE ? _____

CAUSE OF DEATH EXPRESSED _____

DR. _____

NOTIFICATION MEDICAL EXAMINER _____ DATE _____ TIME _____ AM PM

DIRECTOR X DATE 3/30 TIME 1²⁹ AM PM

DISTRICT ATTY _____ DATE _____ TIME _____ AM PM

POLICE _____ DATE _____ TIME _____ AM PM

ACTION DIRECTED : _____

NON M.E. DEATH _____

M.E. CASE TO REMOVE X

M.E. CASE NO REMOVAL _____

M.E. TO SCENE XCALL RECEIVED BY E. Whitland

870208

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE
SYRACUSE, NEW YORK

REPORT OF DEATH/INVESTIGATION Type - Hosp. ☐ Scene ☒ Phone ☐

Name Valerie Hill Sex F Age 28 S M W D Color/Race White

Address 248 HICKOK AVE. SYRACUSE Town

Occupation Reg. Nurse - 12 Jor. SS# DOB

Call rec'd by E. Whitham Time 1:22pm Date 3-30-87

Notified by Bruce Kiggins Agency SPD

Supv. Notified WBS Time 1:29pm

Place of Death 248 Hickok Ave. Syracuse, N.Y.

Pronounced dead by WBS Time 3:30 pm Date 3-30-87

Amb. or Rescue Dept. CAS

Police Investigation by SPD

Body removed to MEO Time 4:55 pm By WBS/EW

Identified by FATHER BROTHER Address

Relationship

Relatives:

Name	Relationship	Address & Phone No.
<u>RANDALL</u>	<u>FATHER</u>	<u></u>
<u></u>	<u>MOTHER</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u>DAVID HILL</u>	<u>BROTHER</u>	<u></u>

Manner of death: Accident Suicide Homicide ☒ Natural Undet.

Pending

If motor vehicle: Driver Passenger Pedestrian

Autopsy Yes ☒ No

Probable cause of death STRANGULATION

Death certificate signed by EKM Date 3/30/87 Amended Date

Body released to DICK AYER / Via Hoyer Time 9:52am Date 4-1-87

655-8101

CR 145 11.1

Found dead by FATHER & BROTHER Address _____

Witness to Injury/Illness/Death _____

Family notified by Present

If unnatural: Incident Date 3-28-87 Time UNK. Location 248 Hickok Ave. City Syracuse

Previous Medical History: _____

Meds _____

Attending Physician (Name & Address) _____

Narrative summary of circumstances surrounding death:

Notified by SPD Officer Kiggins of decedent found with a ligature around the neck and reporting the death as a possible homicide. No further information was available at time of call. WBS and EW responded to the scene.

WW

At 1:40P.M., Mr. Sullivan and this writer arrived at 248 Hickok Ave. where we were met by CID investigators, provided I.D. to them, and allowed to cross police lines into the yard of the home. We met with Off. Kiggins, Evid. Tech. Murphy, and Inv. Dan Erwin who gave us the information pertaining to the investigation. We proceeded to the side entrance of the home along with crime lab personell and was turned away and denied entrance to the crime scene by S.P.D. Officer Stonecypher, who was apparently acting on orders from personnel inside the home. We waited on the scene until 2:05PM, at which time we questioned Inv. D. Erwin as to when we were going to be allowed inside. He stated that the Crime Lab was going to process and video tape the scene and it was going to be easily more than an hour before we could gain entrance. It was decided by all parties that this office was going to depart the scene and would not return until we were notified to return back when the scene had been processed. Furthur investigation into the call shows that Eastern was notified to respond to the scene at 1:08PM. *E. Sullivan*

At 3:05pm investigators at the scene requested the presence of MEO staff. Dr. EKM & EFJ responded to the scene.

Per Investigator Gordie Lane-

The decedent was last seen Friday by her father who took her to dinner after she got out of work on Friday, 3-27-87. She was a registered nurse employed by St. Josephs Hospital and worked the day shift in the ER. She was found this date by her father and brother. She was found in a prone position dressed in a bathrobe and had a blue piece of material around her neck which appeared that she had been strangled with. No further info. at this time.

M. Birchmeyer
M. Birchmeyer

VALERIE HILL

CM 13874

Case File #87-0208

SCENE INVESTIGATION

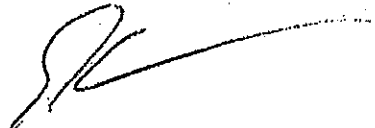
On 3/30/87, I was called to 248 Hickok Street in Eastwood to examine a decedent identified later as Valerie Hill.

I pronounced the decedent dead at 3:30 P.M.

The decedent lay face down on a rug in the living room area. She was dressed in a bathrobe and a knit upper garment of some type. The bathrobe was up above the level of the buttocks and fecal smearing was evident emanating from the area of the anus over the buttocks and upper thighs. The body was in full rigor with fixed anterior livor. A small amount of bloody mucoid fluid came from the mouth and nose when the body was turned over. A sash with material similar to the bathrobe was coiled about the neck and petechiae were evident above but not below the level of this sash.

The apartment appeared to have been relatively cool as was the basement through ceiling from the floor upon which the decedent lay.

This appears a strangulation homicide.



Erik K. Mitchell, M. D.

VALERIE HILL

CM 13874

Case File #87-0208

March 30, 1987 5:30 P.M.

EXTERNAL EXAMINATION

The body is that of a 68 inch, 145 pound, Caucasian female who appears compatible with the stated age of 28.

The body has fixed anterior livor with flattening of the nose secondary to pressure. There is a small amount of bloody fluid coming from the mouth and nose.

There is full rigor with cutis anserina. The rigor is easily broken as the body is coming out of rigor.

On the body are three stud earrings with one on the right and two on the left. There are two white metal rings on the right ring finger and a white metal spoon type ring on the left middle finger.

The body is dressed in a bathrobe over a long sleeved nightshirt type garment.

The buttocks and upper thighs as well as lower back have multiple streaks of dried, caked, fecal material which emanate from the area of the anus in long projections.

The medial aspect of the right thigh, 4 inches above the knee, has a single 1/8th inch abrasion without surrounding evidence of reaction.

The body surfaces show no other acute evidence of bruise. There is no bruising of the forearms or hands. The fingernails are clean, long, unbroken and without evidence of any type of foreign material beneath them.

VALERIE HILL

CM 13874

Case File #87-0208

The body surfaces have large numbers of fibers. These are collected and transferred to the police.

EVIDENCE OF INJURY

About the neck is tightly wrapped in two and one half turns the sash from the bathrobe. Rostral to this ligature, the skin is purple with multiple petechiae evident. Caudal to the ligature, there are no petechiae in the livor. The sash ligature catches beneath it multiple locks of hair. There is some puffiness of the face and eyelids with pronounced scleral hemorrhage. Within the mouth, there is no laceration of the frenula but the mucosa of the lips circumorally shows large red, petechial discolorations.

The neck has streak hemorrhages into the right sternohyoid belly on the deep surface with multiple hemorrhages close to the attachment to the hyoid. The right sternohyoid has a single mid-belly streak hemorrhage at the point of the lower larynx and there is a similar hemorrhage into the left sternohyoid on the anterior surface of the muscle belly. The hyoid has prominent red discoloration of soft tissues about the right joint. There is red discoloration on the soft tissue surrounding a fracture of the hyoid close to the greater horn on the left. There is no visible hemorrhage within the depth of the fracture per se. The left greater horn of the thyroid cartilage is fractured without surrounding hemorrhage or hemorrhage within the

VALERIE HILL

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fracture. There are multiple epiglottal petechiae. There is no further fracture of the laryngeal cartilage.

The thyroid anteriorly on the left lobe has multiple confluent areas of red discoloration up to 0.6 cm. in greatest diameter. These discolorations are purely within the fascial covering of the thyroid.

There is no hemorrhage into the precervical fascia. The soft tissues anterior to the larynx and superior to the larynx, immediately deep to the ligature of the neck show yellow discoloration of the dermal tissues with some drying of that tissue.

The right temple has a 2 x 3/4 inch area of prominent red discoloration immediately lateral to the right eyebrow. This bruise is not distinctly evident within the livor on the skin surface but can be seen as a boggy, red, well defined mark within the deep tissue of the scalp.

There is no fracture of the skull and no associated hemorrhage or contusion deep to the bruise on the scalp.

The vagina and rectum are without bruise or acute injury.

INTERNAL EXAMINATION

The 1530 gram brain is mildly softened secondary to autolytic changes. There is no evidence of actue contusion injury. There is an estimated ml. of liquid subdural and subarachnoid blood over the lateral convexities close to the midline.

VALERIE HILL

CM 13874

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The 280 gram heart has a normal coronary distribution without thrombotic or atherosclerotic involvement. This tissue is diffusely mildly softened secondary to autolysis. The endocardium is clear. There is no focal discoloration of the tissue. The valves are well formed, without vegetation and the aorta is elastic.

The 390 gram right lung and 390 gram left lung have a purple to pink tissue which, on section, shows an acinar distribution of red discoloration in the lower lobe on the right. Otherwise the tissue has a fairly uniform internal reddish discoloration. There is a small amount of pink, edema type foam in some of the larger airways. There is no clot in the vessels. There is no other focal discoloration. There is no focal change in texture.

The 1180 gram liver has a red, soft tissue with gassy crepitus mildly apparent. There is no nodularity or undue firmness. There is a thick sanguineous ooze from the cut surface. The gall bladder is present and empty. The hilar structures are without dilatation.

The 150 gram spleen has a thin capsule distended by a red internal tissue which is soft and with a distinct, diffuse, gassy crepitation.

The esophagus is without intrinsic lesion.

The stomach contains an estimated 250 ml. of a cloudy liquid with a fragment of what appears to be a congealed grease in one solid chunk. There is no acute ulceration of

VALERIE HILL

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the stomach. The mucosa has lost some of the usual rugal folds. The small and large bowel are without acute lesion when opened in their entirety. There is a very light coating of mucoid, tan-brown material over the small bowel without a distinct chyme column.

Pancreatic lobulations are tan and softened somewhat by autolytic change. There is no fat necrosis or fibrosis. There is no dilatation of the ducts.

The adrenals have a thin, yellow cortex and a red to gray central region.

The 150 gram right kidney and 170 gram left kidney have smooth cortical surfaces with a full cortical thickness. The papillae are without ulceration. The ureters are without dilatation going down to an empty bladder with a tan mucosa.

The internal genitalia show a uniform pinkish-tan myometrium without distortion. The endometrium is thin and dark red with a reddish fluid present also in the endocervical mucus. The fallopian tubes are without dilatation and the ovaries are rubbery. The vaginal mucosa is blue. There is a Tampax present within the vagina.

VALERIE HILL

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AUTOPSY FINDINGS

1. Facial petechiae.
2. Fractures of hyoid and of thyroid cartilage.
3. Dry, serous discoloration of neck soft tissues beneath ligature.
4. Epiglottal petechiae.
5. Streak hemorrhages into strap muscles.
6. Focal red discoloration of thyroid capsule.



Erik K. Mitchell, M. D.

VALERIE HILL

CM 13874

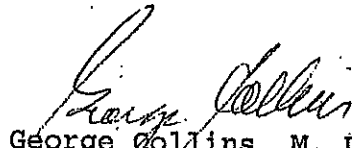
Case File #87-0208

GROSS DESCRIPTION OF BRAIN AFTER FIXATION

The formalin fixed brain weighs 1740 grams. External examination of the brain over the convexities and at the base reveals normal structure without evident abnormality. Coronal sections of the cerebral hemispheres reveal essentially normal development of the brain without evidence of pathologic abnormality. The deeper areas of the brain are riddled with cavities developed due to decomposition.

DIAGNOSIS

Normal brain with postmortem decomposition.


George Collins, M. D.

ASE # 87-0208 NAME VALERIE HILL AGE 28 RACE W SEX F HT 68 WT 145

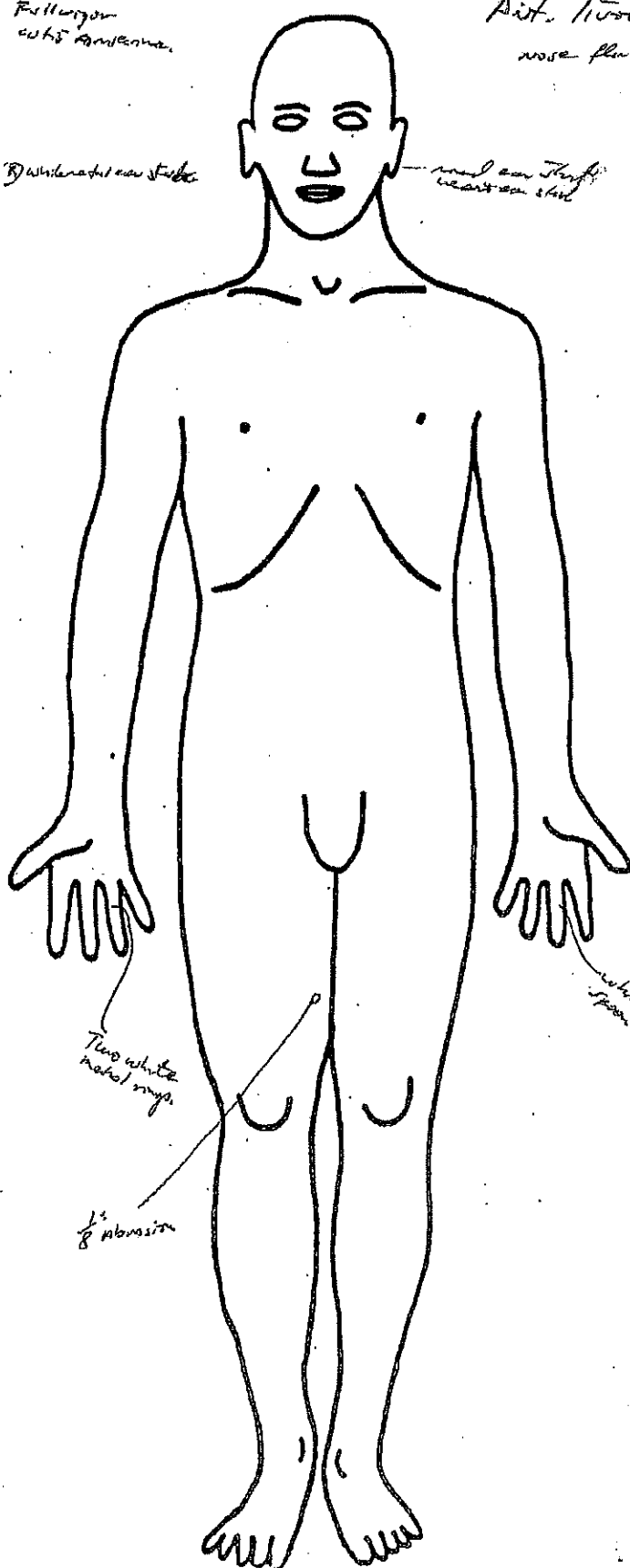
AIR _____ EYES _____ TEETH _____ TIME 5:30 PM

Full wig on
cut & blonde.

Dist. 1100 g. natural / F&D
nose flattened to pressure.

Bilateral ear stitches

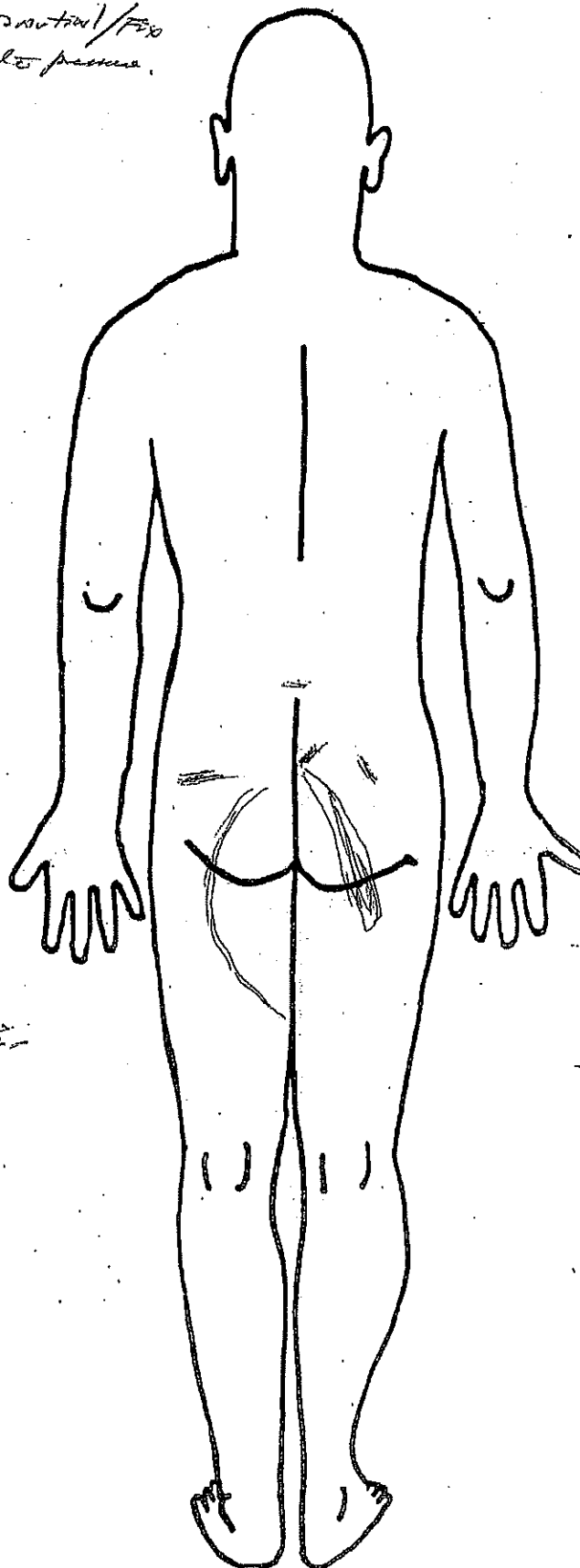
small ear stitches
heart on chest



Two white
nail rings

1/8 abrasion

unilateral
span ring



TAPE # _____ INITIALS _____
CASE # 87-0208 DATE 3/30/87 MANNER _____ TIME 5:30 PM
HT 280 S 150 AGE 28 HT _____ WT _____
RL 390 RK 120
LL 390 LK 110
L 1180 B 1530

NECK AIRWAY

HYOID
EPIGLOTTIS
THYROID
ESOPHAGUS
BONE
THYMUS
HEART

EPICARDIUM
CORONARY
VALVE
MYOCARDIUM
ENDOCARDIUM

AORTA

RIBS

PLEURAL CAVITY R. _____ L. _____ mls.

AIRWAY
VESSELS
TISSUE

PERITONEAL CAVITY _____ ml.

LIVER
GALLBLADDER _____ ml.
SPLEEN
ESOPHAGUS
STOMACH _____ ml.
APPENDIX
BOWEL

RETROPERITONEUM

PANCREAS
ADRENAL _____ cm.
KIDNEYS
URETERS
BLADDER _____ ml.

GENITALIA

SCALP
SKULL
BRAIN
PITUITARY

BONES

PELVIC
VERTEBRAL
EXTREMITIES

James R. Miller, M.D.
Commissioner of Health

ONONDAGA COUNTY DEPARTMENT OF HEALTH
Division of Laboratories
600 South State Street, P.O. Box 38
Syracuse, New York 13201
(315) 425-2256

Erik K. Mitchell, M.D.
Medical Exam./Lab. Dir.

REPORT OF TOXICOLOGICAL SCREENS

Case Number	B7-0208 VALERIE HILL 28 YRS. WHITE	3-30-87 FEMALE	3-31-87 Date Received
Requested by	Agency		4-30-87 Date Reported

Specimens Submitted: ☒ Blood ☐ Urine ☒ Vitreous Humor Liver

RESULTS

Blood	Neg.	Pos.	NA*	Vitreous Humor	Neg.	Pos.	NA*
Ethanol		0.03 gm/dl		Ethanol		0.02 gm/dl	
Carbon Monoxide		%		Bile Ethanol		gm/dl	
Urine	Neg.	Pos.	NA*	Urine EMIT	None Detected NA*		
Ethanol				Amphetamines			
Urine Drug Screens	None Detected		NA*	Barbiturates			
Acetaminophen				Benzodiazepines			
Ethchlorvynol				Cocaine Metabolite			
Imipramine/ Desipramine				Opiates			
Phenothiazines				Phencyclidine (PCP)			
Salicylates				Propoxyphene			
				Cannabinoids			
OTHER: <u>BASIC DRUGS WERE NOT DETECTED IN THE BLOOD, LIVER OR GASTRIC CONTENTS.</u> <u>GASTRIC ETHANOL - 0.16 gm/dL</u>							

Legend: *NA - No Analysis Performed

#QNS - Quantity Not Sufficient

If no further analyses are requested within five (5) working days and if no additional analyses are being performed, this will constitute our official toxicology report. Additional analyses are ~~not~~ being performed.

A. Chipwell
Toxicologist

ONONDAGA COUNTY DEPARTMENT OF HEALTH

James R. Miller, M.D.
Commissioner of HealthDivision of Laboratories
600 South State Street, P.O. Box 38
Syracuse, New York 13201
(315) 425-2256Erik K. Mitchell, M.D.
Medical Exam./Lab. Dir.

REPORT OF TOXICOLOGICAL SCREENS

Case Number	87-0208 VALERIE HILL 28 YRS. WHITE	3-30-87 FEMALE	3-31-87 Date Received
Requested by	Agency		5-30-87 Date Reported

Specimens Submitted: ☒ Blood ☐ Urine ☒ Vitreous Humor ☐ Liver

RESULTS

Blood	Neg.	Pos.	NA*	Vitreous Humor	Neg.	Pos.	NA*
Ethanol		0.03 gm/dl		Ethanol		0.02 gm/dl	
Carbon Monoxide		%		Bile Ethanol		gm/dl	
Urine	Neg.	Pos.	NA*	Urine EMIT	None Detected		
Ethanol				Amphetamines			
Urine Drug Screens	None Detected		NA*	Barbiturates			
Acetaminophen				Benzodiazepines			
Ethchlorvynol				Cocaine Metabolite			
Imipramine/ Desipramine				Opiates			
Phenothiazines				Phencyclidine (PCP)			
Salicylates				Propoxyphene			
				Cannabinoids			
OTHER: Basic drugs were not detected in the blood, Liver or gastric contents. Gastric Ethanol - 0.16 gm/dl Acidic Drugs Not Detected in the blood.							

Legend: *NA - No Analysis Performed #QNS - Quantity Not Sufficient

If no further analyses are requested within five (5) working days and if no additional analyses are being performed, this will constitute our official toxicology report.
Additional analyses are ~~not~~ being performed.

7/13/87
WS

A. Chip Walls
Toxicologist

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ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE

SPECIMEN DESCRIPTION & SUBMIT:		AMT	TO LAB	RETAIN	OTH.
exam/ date 3-30-87	time 5:30 p	project	EVN	asst	MSK/ITJ
am. blood	None				
am. other	None				
pm. blood	(2) Two lead top Refm. Act	2	0	1	1-50
	(1) Heart blood 10 ml	1	1	0	0
vitreous	grey/red	one	0	1	0/0
urine					
bile					
csf					
gastric	plastic	1	1	0	0
liver	plastic	1	1	0	0
brain					
kidney	plastic	1	1	0	0
other					
cultures					
swabs	1 ea vaginal	1	0	1	1
	081 rectal	1	0	1	1
slides	1 ea cervical	1	0	1	1
trace evidence					
	1 TAMPONS FROM RT FRONT LEG	1	0	1	1
	1 DRESSING FROM WGS	1	0	1	1
	1 PUBLIC HAIR TAILING	1	0	1	1
	1 PAIR FEET MAT	1	0	1	1
	1 PUBLIC HAIR STD.	1	0	1	1
	1 HAND PRINT STD.	1	0	1	1
date 3/30/87	time 7:45 PM				
signature					
TESTS REQUESTED:	ETOH	CO			
URINE DRUG		BLOOD DRUG			
OTHER TESTS					
Delivered by	date 3-31-87	time 9:31 AM			
Received by	date 3-31-87	time 9:37 AM			

0917

PRESCRIPTION RECORD

Valerie Hill

NAME

87-0208

CASE #

1

Drug Vivarin - stimulant tabs
 Dr. Loose
 Pharm. _____
 Phone No. _____
 Rx No. _____
 Date _____
 Amt. Issued _____
 Amt. Remaining (20) (21) Twenty-one

5

Drug Dalmane 30mg cap
 Dr. Tilley
 Pharm. North Syr. Pharm
 Phone No. 458-3363
 Rx No. 33624
 Date 7/9/85
 Amt. Issued 30
 Amt. Remaining 14
 script written to - Doretta Hill

2

Drug Valium 5mg
 Dr. Tilley
 Pharm. North Syr. Pharm
 Phone No. 458-03363
 Rx No. 35769
 Date 6/13/85
 Amt. Issued 90
 Amt. Remaining 8 1/2
 script written to - Doretta Hill

6

Drug Provera 10mg
 Dr. Massad
 Pharm. St Joseph's Hosp.
 Phone No. 424-5194
 Rx No. 16147
 Date 1/21/86
 Amt. Issued unknown
 Amt. Remaining 2

3

Drug Darvocet N-100
 Dr. Tilley
 Pharm. North Syr. Pharm
 Phone No. 458-3363
 Rx No. 36425
 Date 6/12/85
 Amt. Issued 60
 Amt. Remaining 17
 script written to - Doretta Hill

7

Drug Bactrim DS
 Dr. Y. Ng
 Pharm. St Joseph's Hosp.
 Phone No. 424-5194
 Rx No. unknown
 Date unknown
 Amt. Issued unknown
 Amt. Remaining 11

4

Drug Darvocet N-100
 Dr. Tilley
 Pharm. North Syr. Pharm
 Phone No. 458-3363
 Rx No. 36425
 Date 7/9/85
 Amt. Issued 60
 Amt. Remaining 45
 script written to - Doretta Hill

8

Drug _____
 Dr. _____
 Pharm. _____
 Phone No. _____
 Rx No. _____
 Date _____
 Amt. Issued _____
 Amt. Remaining _____

19

2. ALL COPIES MUST BE LEGIBLE.
3. INCOMPLETE CERTIFICATES WILL BE RETURNED.

VALERIE HILL 87-0208

V.S.-60 (REV 1/78)

STATE FILE NUMBER

CENSUS TRACT	SUB-DIVISION

STATISTICAL DISTRICT
REC.
RES.

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BC
C
9
13
14

USUAL RESIDENCE
WHERE DECEDENT
LIVED.

6A
6B
11
5

7
0
3G

CHS
R
S

RECORDED DISTRICT		REGISTER NUMBER	
1. NAME: FIRST MIDDLE LAST			
2. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		3A. DATE OF DEATH MONTH DAY YEAR Mar 30 87	
4. AGE IF UNDER 1 YEAR MONTHS DAYS IF UNDER 1 DAY HOURS MINUTES YEARS		5. DECEDENT BORN MONTH DAY YEAR	
6. VETERAN OF U.S. ARMED FORCES? NO <input type="checkbox"/> YES <input type="checkbox"/>		7. SOCIAL SECURITY NUMBER	
8A. COUNTY OF DEATH		8B. LOCALITY (CHECK ONE AND SPECIFY) <input type="checkbox"/> CITY OF <input type="checkbox"/> TOWN OF <input type="checkbox"/> VILLAGE OF	
8C. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS)		8D. IF IN HOSPITAL OR INSTITUTION (CHECK ONE) <input type="checkbox"/> D.O.A. <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT	
9. STATE OF BIRTH (COUNTRY IF NOT USA)		10. CITIZEN OF WHAT COUNTRY?	
11. MARITAL STATUS (CHECK ONE) 1 <input type="checkbox"/> NEVER MARRIED 3 <input type="checkbox"/> WIDOWED 2 <input type="checkbox"/> MARRIED OR SEPARATED 4 <input type="checkbox"/> DIVORCED		12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)	
13. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY)		14. OF SPANISH ORIGIN? IF YES CHECK ONE 1 <input type="checkbox"/> MEXICAN 2 <input type="checkbox"/> PUERTO RICAN 3 <input type="checkbox"/> CUBAN 4 <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN	
15. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY ELEMENTARY HIGH SCHOOL COLLEGE 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		16A. USUAL OCCUPATION (DO NOT ENTER RETIRED)	
16B. KIND OF BUSINESS OR INDUSTRY		16C. NAME AND LOCALITY OF FIRM OR COMPANY	
17A. STATE		17B. COUNTY	
17C. LOCALITY (CHECK ONE AND SPECIFY) <input type="checkbox"/> CITY OF <input type="checkbox"/> TOWN OF <input type="checkbox"/> VILLAGE OF		17E. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, SPECIFY TOWN:	
17D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE)			
18A. NAME OF FATHER: FIRST MIDDLE LAST		18B. MAIDEN NAME OF MOTHER: FIRST MIDDLE LAST	
19A. NAME OF INFORMANT		19B. MAILING ADDRESS (INCLUDE ZIP CODE)	
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (SPECIFY)		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION	
20C. LOCATION (CITY OR TOWN, STATE)		21A. NAME AND ADDRESS OF FUNERAL HOME	
21B. REGISTRATION NO.		22A. NAME OF FUNERAL DIRECTOR	
22B. SIGNATURE OF FUNERAL DIRECTOR		22C. REGISTRATION NO.	
23A. SIGNATURE OF REGISTRAR		23B. DATE FILED MONTH DAY YEAR	
24A. BURIAL OR REMOVAL PERMIT ISSUED		24B. MONTH DAY YEAR	
BY:			
25. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY -OR- TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY			
A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED			
SIGNATURE			
B. THE PHYSICIAN ATTENDED THE DECEASED C. LAST SEEN ALIVE			
FROM: MONTH DAY YEAR TO: MONTH DAY YEAR			
D. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER			
26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR) Erik K. Mitchell, M.E. 330 W. Onondaga St. Syracuse, N.Y. 13202			
27. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).			
PART I. IMMEDIATE CAUSE			
(A) strangulation			
DUE TO, OR AS A CONSEQUENCE OF:			
(B)			
DUE TO, OR AS A CONSEQUENCE OF:			
(C)			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			
28A. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
28B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO			
28C. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO			
30A. SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION			
30B. DATE OF INJURY MONTH DAY YEAR			
30C. HOUR OF INJURY			
30D. DESCRIBE HOW INJURY OCCURRED strangled by other person(s)			
30E. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
30F. PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC. home			
30G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE) 248 Hickok Ave. Syracuse, Onondaga Co., N.Y.			

CONDITIONS, IF
ANY, WHICH
GAVE RISE TO
IMMEDIATE
CAUSE (A)
STATING THE
UNDERLYING
CAUSE LAST.

RELEASE OF DECEASED

TO WHOM IT MAY CONCERN:

I wish for the body of MISS VALERIE J. HILL, Deceased,
to be released to the RICHARD F. AJER FUNERAL HOMES,
38 Sullivan Street, Cazenovia, New York.

I am related to the Deceased as: Father -
(Relationship)

x Randall Hill L.S.

Dequid Hill L.S.
(WITNESS)

Richard F. Ayer L.S.
(Funeral Director)

Dated: 31 March 1987

870208

Date March 30 19 87

Onondaga County Medical Examiner's Office

330 West Onondaga Street

Syracuse, New York

I certify that I received the body of

Valerie Hill

who resided at

248 Hickox Ave. Syracuse

from the Onondaga

County Medical Examiner's Office on March 31 APRIL 1

1987 at 9:54 A.M. P.M.

Witness William Hill

Signed Richard F. Ayer F.H.

Lic. No. 06358

Plastic Pouch Used ()

Replaced by the Undertaker ()

CASE FILE # 870208

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE

CASE INFORMATION SHEET

DECEDENT Valerie Hill Date 4/2/87 TIME 11:18 AM

$1\frac{1}{4}$ - $1\frac{3}{4}$ oz Brandy 80-proof.
Half + Half 2 oz

Dash Creme De Coco $\frac{40 \text{ proof}}{60}$

\nearrow
 $1\frac{1}{4}$ - $1\frac{3}{4}$ oz Nutmeg

SIGNATURE _____

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE
CASE INFORMATION SHEET

CASE FILE # 870208

DECEDENT Valerie Hill Date 4/2/87 TIME 9:30 AM

Lenny Bannini

2 Brandy Alexanders 6:10 PM
1 piece of Garlic Bread 7:30 PM

WBS

SIGNATURE _____

24

CASE FILE # _____

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE
CASE INFORMATION SHEET

DECEDENT Virginia Hill Date 9-30-87 TIME _____

Tim Finney - Spoke to Randall Finney
says V. Hill had only 2 slices
Garlic Bread. ? consistent?
Dante check.

2

SIGNATURE _____

CASE FILE # _____

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE

CASE INFORMATION SHEET

DECEDENT Valerie Hill Date 4/1/87 TIME 4:55 PM

Chips states

Blood .03

Vitamins .02

WBS

SIGNATURE _____

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE
CASE INFORMATION SHEET

CASE FILE # _____

DECEDENT V. Hill Date _____ TIME _____

Dick Ayer
via Dick Kayer

3/31 11 AM

→ will meet with
family

Brother David Hill called this

SIGNATURE _____

CASE FILE # _____

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE

CASE INFORMATION SHEET

DECEDENT Valerie Hill Date 3/31/87 TIME 1 PM

Sgt Lynch states subject last
seen 8:30 AM Sat. *CRJL*

SIGNATURE _____

CASE FILE # 87-0208

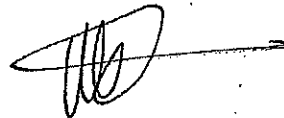
ONONDAGA COUNTY MEDICAL EXAMINER OFFICE
CASE INFORMATION SHEET

DECEDENT Valerie Hill Date 3-31-87 TIME 8:53AM.

CONTACTED OFFICER DONAHUE FOR FINGERPRINTS.
HE WILL BE OVER THIS AM.



1:15 PM OFFICER DONAHUE AT MEO FOR
FINGER-PRINTING.



SIGNATURE _____

CASE FILE # 87-0208

ONONDAGA COUNTY MEDICAL EXAMINER OFFICE

CASE INFORMATION SHEET

DECEDENT

Will

Date

3/31/82

TIME

3:29 PM

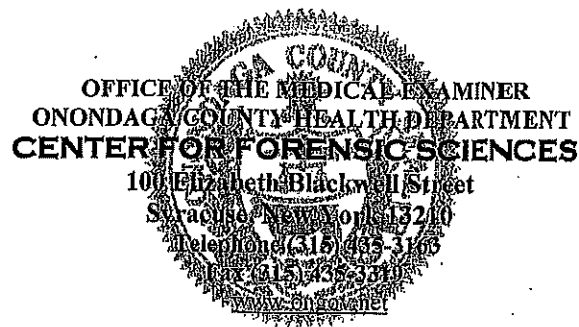
Per Dr. EKM - may release
body now.



SIGNATURE _____

NICHOLAS J. PIRRO
County Executive

MARY I. JUMBELIC, MD
Chief Medical Examiner



CYNTHIA B. MORROW, MD, MPH
Commissioner of Health

KATHLEEN CORRADO, PhD
Director of Laboratories

April 25, 2007

District Attorney
William J. Fitzpatrick
County of Onondaga
Criminal Courthouse, 4th Floor
505 South State Street
Syracuse, New York 13202

Re: Valerie Hill
DOD: 03/30/87
Case #: 87-0208

Dear Mr. Fitzpatrick:

On April 3, 2007 Mr. Sidney Manes came to the Onondaga County Medical Examiners Office to review the entire case file for Valerie Hill. He represents Mr. Hector Rivas. Mr. Manes requested copies of specific material from the chart. Please find enclosed a CD with 2 brain pictures on it, copy of 4 histology slides, and copies of the file, which Mr. Manes requested.

If you have any questions regarding information given to Mr. Manes, please do not hesitate to contact me.

Sincerely yours,

Maureen Kurz
Typist II

Enc.

* STAI please *

3 sets of 4



SUNY Upstate Medical University

University Hospital

Onondaga County Health • Medical Examiner's Office 4/11/07

CHAIN OF CUSTODY

Department of Pathology • 750 East Adams Street • Syracuse NY 13210 • (315) 464-4750 • (315) 464-7130 Fax

Case #: 87-0208 Request Autopsy Date: 04/10/07 Total # Cassettes Submitted: 4 (four)

Pathologist: MIJ Technician: TAL

Requested Test(s): H&E: _____ Other: _____

NAME AND SIGNATURE	DEPT	DATE	TIME
MEO Representative from whom cassettes were received:			
(Print) <u>Timothy A. Lawrence</u>	<u>MEO</u>	<u>04/10/07</u>	<u>1445</u>
(Signature) <u>Timothy A. Lawrence</u>			
Received by:			
(Print) <u>Helene Degan</u>			
(Signature) <u>Helene Degan</u>	<u>AP</u>	<u>4/10/07</u>	<u>2:45</u>
Received by: Sectioned By			
(Print) <u>Richard M Hilwig</u>			
(Signature) <u>Richard M Hilwig</u>	<u>AP</u>	<u>4/10/07</u>	<u>4:30 pm</u>
Received by:			
(Print) <u>Richard M Hilwig</u>			
(Signature) <u>Richard M Hilwig</u>	<u>AP</u>	<u>4/11/07</u>	<u>9:30 am</u>
Received by:			
(Print)			
(Signature)			
Received by:			
(Print)			
(Signature)			
Received by:			
(Print) <u>Harold Mante</u>			
(Signature) <u>Harold Mante</u>	<u>Sur</u>	<u>4/11/07</u>	<u>4:40 pm</u>
MEO Representative from whom cassettes were received:			
(Print) <u>MATTHEW R. KELLY</u>	<u>MEO</u>	<u>4/11/07</u>	<u>1640</u>
(Signature) <u>Matthew R Kelly</u>			

please call when done 435-3163 ext 226

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ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE
SUPPLEMENTAL CASE INFORMATION - TELEPHONE CONTACT FORM

Case # 87-0208 Decedent's Name Valerie Hill
 Date 4 / 10 / 07 Time _____ A.M. / P.M. ☐ Incoming ☐ Outgoing
 Name _____ Phone # _____
 (relationship to decedent OR agency) _____

✓ 87-0206 - aut. Rosario Malambri - gloria reg.
 all records, slides + Blocks if any. (4/10/07)

Math, Shane, Timothy - need letter stating
 looked for Brain Slides - didn't locate -
 see Dr. J. for info -

✓ Recut of Slides - Make 3 sets - (Timothy)

✓ Scan Brain Slides + make 3 CD's - (Joe)

✓ Put Chart in Chronologic order - Recut Tap -

I advised him/her to call back at any time if there are any further questions.

Employee Name/Title _____

Mark Dr. Mitchell's Testimony ✓

Mark Dr. J's phone, meetings etc. -

Maurice Kura

ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE
SUPPLEMENTAL CASE INFORMATION – TELEPHONE CONTACT FORM

Case # 87-0208 Decedent's Name Valerie Hill
 Date 4/16/07 Time _____ AM/PM ☐ Incoming ☐ Outgoing
 Name Maureen Kurz Phone # _____ in person
 (relationship to decedent OR agency) _____ Records release - MEO

I was asked if there are any "brain slides on this case in storage.

Upon searching our storage locations in the building (CFS):

- No glass slides or blocks (regular Histo or Neuropath)

I did find 2(two) 35mm photographic slides. They matched
 2(two) paper color copies in the case file. (taken @ autopsy
 calvaria removed, brain exposed)

Letters from
 Tech's -

TAL

RECEIVED

APR 17 2007

ONONDAGA COUNTY
 MEDICAL EXAMINER'S OFFICE

I advised him/her to call back at any time if there are any further questions.

Employee Name/Title Timothy P. Rawner - morgue tech

ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE
SUPPLEMENTAL CASE INFORMATION – TELEPHONE CONTACT FORM

Case # 07-6208 Decedent's Name Valerie Hill

Date 4 / 12 / 07 Time 920 ☒ AM / ☐ PM ☐ Incoming ☐ Outgoing

Name Shane Gillen Phone # _____

(relationship to decedent OR agency) Morgue Technician

I located four slides in the slide storage area here
at the Onondaga County Medical Examiner's Office. No other
slides or blocks were located here.

Employee Name/Title Shane Gillen, Morgue Technician

Date ____ / ____ / ____ Time ____ AM / PM ☐ Incoming ☐ Outgoing

Name _____ Phone # _____

(relationship to decedent OR agency) _____

RECEIVED

APR 12 2007

ONONDAGA COUNTY
 MEDICAL EXAMINER'S OFFICE

Employee Name/Title _____

Date ____ / ____ / ____ Time ____ AM / PM ☐ Incoming ☐ Outgoing

Name _____ Phone # _____

(relationship to decedent OR agency) _____

Employee Name/Title _____

ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE **SUPPLEMENTAL CASE INFORMATION – TELEPHONE CONTACT FORM**

Case # 087-0208 Decedent's Name VAERIE HILL
 Date 04/06/2007 Time 1200 AM ☒ PM ☒ Incoming ☐ Outgoing
 Name MAUREEN KURZ Phone # X 2230
 (relationship to decedent OR agency) ABOVE CALLED IN RE: TO SLIDES/
CASSETTES ON ABOVE DECEDENT. SEARCHED STOCKROOM,
BUT COULD NOT LOCATE ANY SLIDES/CASSETTES. RETURNED
PHONE CALL TO MAUREEN RE: NOT FINDING ANY.
 Employee Name/Title Yant R Kelly / MORGUE TECHNICIAN
 Date / / Time AM / PM ☐ Incoming ☐ Outgoing
 Name Phone #
 (relationship to decedent OR agency)

RECEIVED

APR 12 2007

ONONDAGA COUNTY
 MEDICAL EXAMINER'S OFFICE

Employee Name/Title
 Date / / Time AM / PM ☐ Incoming ☐ Outgoing
 Name Phone #
 (relationship to decedent OR agency)

Employee Name/Title